

**ImmuNet Enrollment Form**

Maryland's Immunization Information System (ImmuNet) is a secure web-based registry operated by the Center for Immunization at the Maryland Department of Health (MDH). ImmuNet information is confidential, HIPAA and FERPA compliant, and available only to authorized users, and will not be released to third parties without written consent.

If you are an authorized user and need ImmuNet access to search for a patient, place a vaccine order, or report vaccine administration information, please complete this form:

**Organization Information**

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Organization Name

Organization Type:

☐ College   ☐ Childcare Facility   ☐ FQHC   ☐ Health Plan   ☐ Hospital   ☐ Local Health Department  
☐ Pharmacy   ☐ Private Practice   ☐ School   ☐ Urgent Care Center   ☐ Other, please specify: \_\_\_\_\_

Hospital Specialty (if applicable): ☐ General ☐ Emergency ☐ Pediatrics ☐ Birthing

Medical Specialty of FQHC, Private Practice or Urgent Care Center (if applicable):

☐ Family ☐ General ☐ Internal Medicine ☐ OB/GYN ☐ Pediatrics ☐ Other, please specify: \_\_\_\_\_

School Type (if applicable): ☐ Preschool ☐ Kindergarten ☐ Elementary ☐ Middle ☐ High

☐ Private ☐ Public

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Childcare Facility or Home Health Agency License Number (if applicable)

License Expiration Date

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Organization Address

City

State

Zip Code

If you participate in the Vaccines For Children (VFC) program, list your PIN: \_\_\_\_\_

If you participate in Meaningful Use/MIPS, did you register for Public Health Reporting? ☐ Yes   ☐ No (register here: <http://phdataportal.health.maryland.gov>) Group NPI \_\_\_\_\_

If you administer vaccines, you are required to report to ImmuNet (as of October 1, 2019). If you are not already reporting to ImmuNet, please list your Electronic Health/Medical Record system and contact your vendor to set up reporting: \_\_\_\_\_

If you are not sure about your reporting status, learn more at [health.maryland.gov/immunet](http://health.maryland.gov/immunet)

**Information of user(s) who need ImmuNet access**

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User Name and Title/Department

(\_\_\_\_\_)\_\_\_\_\_

Phone number

Email address

What type of ImmuNet access do you need? Select all applicable options:

- |                                                                                                             |                                                            |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Look up Client/Patient/Student immunization history                                | <input type="checkbox"/> Enter immunization records        |
| <input type="checkbox"/> Report to ImmuNet - upload flat files                                              | <input type="checkbox"/> Report to ImmuNet – from my EHR   |
| <input type="checkbox"/> Run queries and reports for my organization                                        | <input type="checkbox"/> Manage VFC inventory and Ordering |
| <input type="checkbox"/> Manage the users in my organization (add new or delete user accounts) – Admin User |                                                            |

Need to add more users? Contact your organization's Admin User to add them. If your organization does not have an Admin User, add information of additional users below or on the back of the form →

If you are requesting Admin User access, add your backup Admin User below.

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Backup Admin User or Other User Name and Title/Department

(\_\_\_\_\_)\_\_\_\_\_

Phone number

Email address

What type of ImmuNet access does this user need? Select all applicable options:

- |                                                                                                             |                                                            |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Look up Client/Patient/Student immunization history                                | <input type="checkbox"/> Enter immunization records        |
| <input type="checkbox"/> Report to ImmuNet - upload flat files                                              | <input type="checkbox"/> Report to ImmuNet – from my EHR   |
| <input type="checkbox"/> Run queries and reports for my organization                                        | <input type="checkbox"/> Manage VFC inventory and Ordering |
| <input type="checkbox"/> Manage the users in my organization (add new or delete user accounts) – Admin User |                                                            |

Note that both your backup Admin User and you can add other users in ImmuNet. If you need to manage accounts at multiple sites, please list all sites: \_\_\_\_\_

Date completed: \_\_\_\_\_

If you wish to keep a completed copy of your form, please make a copy before submitting the form.

**Mail or Fax to**

Maryland Department of Health  
Center for Immunization - ImmuNet  
201 West Preston Street 3<sup>rd</sup> Floor, Baltimore, MD 21201  
Fax: (410) 333-5893

Once received, your request will be processed as quickly as possible. You should expect to receive your login credentials within 3-5 business days.

**MDH (For Official Use Only):**

Date Received: \_\_\_\_\_

Date Fulfilled: \_\_\_\_\_

Initials: \_\_\_\_\_

Revised 7/19/2019